



**Pennsylvania**  
DEPARTMENT OF TRANSPORTATION  
www.dot.state.pa.us

**APPLICATION  
SENIOR CITIZEN TRANSIT  
IDENTIFICATION CARD  
FREE/REDUCED FARE  
TRANSIT PROGRAMS FOR SENIOR CITIZENS**

CARD NUMBER

NAME OF APPLICANT (Last, First, Middle Initial)			DATE OF APPLICATION	
ADDRESS (Street or Route)		(City or Post Office)	(State)	(Zip Code)
HOME TELEPHONE NUMBER	DATE OF BIRTH	AGE	<input type="checkbox"/> MALE	SIGN HERE
AREA CODE _____ - _____ - _____			<input type="checkbox"/> FEMALE	X _____

**THIS SECTION TO BE COMPLETED BY THE AREA TRANSPORTATION AUTHORITY OF NORTH CENTRAL PENNSYLVANIA**

**ACCEPTABLE PROOF OF AGE DOCUMENTS (ONE REQUIRED)  
CHECK ONE AND INCLUDE APPLICABLE INFORMATION**

- ARMED FORCES DISCHARGE/SEPARATION PAPERS – SEPARATION DATE \_\_\_\_\_
- BAPTISMAL CERTIFICATE – CHURCH'S NAME & ADDRESS \_\_\_\_\_
- BIRTH CERTIFICATE – NUMBER \_\_\_\_\_
- PASSPORT/NATURALIZATION PAPERS – NUMBER \_\_\_\_\_
- PENNSYLVANIA IDENTIFICATION CARD – NUMBER \_\_\_\_\_
- RESIDENT ALIEN CARD – NUMBER \_\_\_\_\_
- PACE IDENTIFICATION CARD – NUMBER \_\_\_\_\_
- PHOTO MOTOR VEHICLE OPERATOR'S LICENSE – NUMBER \_\_\_\_\_
- STATEMENT OF AGE FROM UNITED STATES SOCIAL SECURITY ADMINISTRATION  
(ATTACH COPY TO THIS APPLICATION)

**PLEASE NOTE THAT ONLY THE ABOVE FORMS OF AGE DOCUMENTATION ARE ACCEPTABLE FOR THESE PROGRAMS**

**I DO HEREBY CERTIFY THAT I HAVE REVIEWED THE ABOVE AGE DOCUMENTATION AND THE INFORMATION CONTAINED HEREIN IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.**

\_\_\_\_\_  
SIGNATURE OF AREA TRANSPORTATION AUTHORITY REPRESENTATIVE CERTIFYING AGE DOCUMENTATION      DATE

\_\_\_\_\_  
PRINTED NAME OF ABOVE AREA TRANSPORTATION AUTHORITY REPRESENTATIVE



**AREA TRANSPORTATION AUTHORITY OF NORTH CENTRAL PENNSYLVANIA**  
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